No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29360

State File No. 3459

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2230 Troost
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48 3 8
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2230 Troost
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Della Gaylord Buchanan
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife L. B. Buchanan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 2, (Day) 1885 (Year)

8. AGE: Years 56 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Humansville, Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Everett Davis
13. Birthplace ? Ky (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Mary Hall
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Helen Murphy
(b) Address 2230 Troost
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bluebridge
18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine - Kansas City, Mo
19. (a) 9/21/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1942 hour 6 minute 50 a M.

21. I hereby certify that I attended the deceased from June 23, 1942, to Sept. 18, 1942 that I last saw her alive on Sept. 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to 93D

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E. J. Marshall (M. D.)
Address 2300 1/2 Troost Date signed 9-19-42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.